



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

2006 OC 16 AM 11:22

(CFA-4)

## Summary Sheet

FILE NUMBER

Committee to Reelect Leerkamp

TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly in BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

Committee to Reelect Sonia Leerkamp Prosecutor

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

4. Mailing Address (address where all campaign finance correspondence is received)

☐ Check if this is a new address

17 Woodland Circle

5. City, State, ZIP Code

Carmel, IN 46032

6. Party Affiliation (if applicable)

Republican

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

Sonia Joanne Leerkamp

8. Party Affiliation or If Independent Candidate

Republican

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

Hamilton County Prosecutor

10. County of Residence

Hamilton

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

11. Check one:

☐ Pre-Primary ☒ Pre-Election ☐ Annual ☐ Nomination ☐ Other  
☐ Final/Disbands Committee (lines 18, 19, and 20 must be 0) ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

Check one:

☐ Pre-Convention  
☐ Post-Convention

12. Reporting Period:

From: 4-8-06

Through: 10-13-06

COLUMN A  
This Period

COLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

9733.31

14. Cash on hand and investments January 1, current year.

4815.81

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

7925.00

13,875.00

15b. Unitemized

4125.00

4305.00

15c. Add lines 15a and 15b in both columns

SUBTOTAL

12,050.00

18,180.00

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

21,783.31

22,995.81

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

18,065.96

19,151.46

17b. Unitemized

—

127.00

17c. Add lines 17a and 17b in both columns

SUBTOTAL

18,064.96

19,277.46

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

3,718.35

3,718.35

19. Debts OWED BY the committee (use Schedule D)

4,000.00

20. Debts OWED TO the committee (use Schedule E)

### CERTIFICATION

FOR OFFICE USE ONLY

Signature on File

2006 OC 16 AM 11

FILED



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 4806 (R12/11-04)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Committee to Reelect Leerkamp

Page 1 of 3

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Arden & Carol Johnson 20 880 N. SR 37 Noblesville, IN 46060  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____ CFA-11 filed 7/17/06	2000.00		4/12/06 Teresa Thomas
2. Larry Groggers Ruth's Chris Steakhouse North 9445 Threl Rd. Indpls., IN 46240  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ CFA-11 filed 7/17/06  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	1000.00		5/8/06 Sonja Leerkamp
3. GREGORY GARRISON 9745 Cumberland Rd. Fishers, IN 46038  Contributor's Occupation (if required) <u>Attorney</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	500.00		4-24-06 Sonja Leerkamp
4. Dennis Ressler 357 Abbedale Ct. Carmel, IN 46032  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	175.00		4/21/06 Sonja Leerkamp
5. Jennifer Banks 11956 Chapelwood Lane Fishers, IN 46037  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	175.00		4/21/06 Sonja Leerkamp
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 3850.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4606 (R12/11-04)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

*Committee to Reelect Leerkamp*

Page 2 of 3

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. <i>Jerry Barr</i> <i>P.O. Box 928</i> <i>Noblesville, IN 46061-0928</i> Contributor's Occupation (if required) <u><i>attorney</i></u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	<i>175.00</i>		<i>4/21/06</i> <i>Sonia Leerkamp</i>
2. <i>James Voyles</i> <i>10895 Zionsville Rd.</i> <i>Zionsville, IN 46077</i> Contributor's Occupation (if required) <u><i>attorney</i></u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	<i>900.00</i>		<i>4/25/06</i> <i>Sonia Leerkamp</i>
3. <i>Jerry Frazee</i> Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	<i>200.00</i>		<i>4/21/06</i> <i>Sonia Leerkamp</i>
4. <i>Edward Schmidt</i> <i>12170 Bridgewater Rd</i> <i>Indianapolis, IN 46256</i> Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	<i>150.00</i>		<i>4/20/06</i> <i>Sonia Leerkamp</i>
5. <i>Anne Boudexter</i> <i>13921 Wildcat Dr.</i> <i>Carmel, IN 46033</i> Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	<i>200.00</i>		<i>4/20/06</i> <i>Sonia Leerkamp</i>
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ <i>1625.00</i>		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 4606 (R12/11-04)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts

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FILE NUMBER

*Committee to Reelect Deebkamp*

Page 3 of 3

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. <i>Barb Trathen</i> <i>6469 Braemar Ave</i> <i>Notre Dame, IN 46060</i>  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	<i>200.00</i>		<i>4/20/06</i>  <i>Sonia</i> <i>Deebkamp</i>
2. <i>Jeff Wehmuehler</i> <i>10084 Water Crest Dr.</i> <i>Notre Dame, IN 46060-7897</i>  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	<i>250.00</i>		<i>4/21/06</i>  <i>Sonia</i> <i>Deebkamp</i>
3. <i>Lori Scruby</i> <i>1014 Deer Lake Dr</i> <i>Carmel, IN 46032</i>  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	<i>250.00</i>		<i>4/18/06</i>  <i>Sonia</i> <i>Deebkamp</i>
4. <i>Details for Mayor</i> <i>207 Sedwick Court</i> <i>Notre Dame, IN 46060</i>  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <i>Transfer in</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	<i>500.00</i>		<i>4/17/06</i>  <i>Sonia</i> <i>Deebkamp</i>
5. _____  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		<i>\$ 1200.00</i>		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		<i>\$ 6675.00</i>		





REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2)  
CONTRIBUTIONS BY CORPORATIONS  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Committee to Reelect Leekamp

Page 1 of 1

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. CMG Worldwide 10500 Crosspoint Blvd. Indpls., IN 46256	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	1000.00		5/8/06 Sonia Leekamp
2. Strand Laboratories 5770 Decatur Blvd Suite A Indpls, IN 46241	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	250.00		5-8-06 Sonia Leekamp
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1250.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 1250.00		



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

Committee to Reelect  
Jonas Leekamp

Page 1 of 3

**INSTRUCTIONS:** Please type or print legibly in BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>A</u> Noblesville Trophills Sign Service 1720 S. 10th ST. Noblesville, IN 46060	Sales of Campaign Signs	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: yard signs & wires	\$5274.00		4-17-06
Code <u>A</u> Cave & Co. P.O. Box 787 Noblesville, IN 46061	Panel Cards, Envelopes - Printing Co.	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:	\$472.97		4/14/06
Code <u>A</u> Cave & Co. P.O. Box 787 Noblesville IN 46061	Printing Co	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Political Flyers	\$1210.80		4/26/06
Code <u>A</u> Cave & Co Same as above	Printing Co	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Hand Outs	\$369.70		5/6/06
Code <u>A</u> Indpls. Star N. Pennsylvania St Indpls. IN	Newspaper	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Political Ad	\$1507.50		4/26/06
Code <u>A</u> Noblesville Daily Times	Newspaper	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Political Ad	\$505.29		4/25/06
Code <u>A</u> First Edition Noblesville Ledger	Newspaper	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Political Ad	\$149.00		4/28/06
SUB TOTAL THIS PAGE OF SCHEDULE B			\$9489.26		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)  
Indiana Election Commission (IC 3-9-5-14)  
Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

Committee to Reelect  
Louis Deekamp

Page 2 of 3

**INSTRUCTIONS:** Please type or print legibly in BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>F</u> Eric Blankenship Reimbursement for Fund Raiser Costs	Retail Sales	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Reimbursement for Refreshments for Fund Raiser	255.24		4/25/06
Code <u>A</u> Telecom Service Reimbursement to Sonia Deekamp	TV advertising	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:	1299.00		5/22/06
Code <u>C</u> US Post Office Noblesville, IN	US Post Office	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Mailing Campaign Literature	25.00		5/23/06
Code <u>A</u> Topics Newspaper	Local Newspaper	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:	851.25		4/24/06
Code <u>E</u> Texas Roadhouse Noblesville IN	Retail Restaurant	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Food for Fund Raiser	750.00		6/5/06
Code <u>C</u> Teresa Thomas reimbursement for 550 1st class stamps	US Post Office	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:	214.50		5/23/06
Code _____ Teresa Thomas Reimbursement for Printing at Staples	Retail Store / Staples	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:	73.28		5/23/06
SUB TOTAL THIS PAGE OF SCHEDULE B			\$ 3468.27		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		

FF 2



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

Committee to Reelect  
Louis Leerkamp

Page 3 of 3

**INSTRUCTIONS:** Please type or print legibly in **BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a of the Summary Sheet**. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100 per recipient**, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>A</u> Reimbursement to Pat Hogan for Noblesville Signs & Banners	Printing Co.	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:	212.00		5/23/06
Code Repayment of Loan from Candidate Leerkamp to Sonia Leerkamp	Candidate	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Repayment of loan	3000.00		7/17/06
Code <u>A</u> Indpls. Star. Indpls. IN	Newspaper	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:	1890.43		4/12/06
Code <u>D</u> First Indiana Bank Noblesville	Candidate's Account	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:	5.00		thru 9-30-06
Code		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
Code		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
Code		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
SUB TOTAL THIS PAGE OF SCHEDULE B			\$5107.43		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$18,064.96		





REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D)  
DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Sonia Heerkamp Candidate P.O. Box 787 Noblesville, IN LENDER'S OCCUPATION:	Sonia Heerkamp	2000.00 loan	3/16/08	2000	0
Sonia Heerkamp Candidate P.O. Box 787 Noblesville, IN LENDER'S OCCUPATION:	Sonia Heerkamp	5000.00 loan	3/27/06	1000	4000
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 4000.00
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$ 4000.00